

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 11/28/2003 2:30:13 PM

1	
1. FOR THE MONTH ENDING:	October 31, 2003
2. Name:	Cedars-Sinai Provider Plan, LLC
3. File Number:(Enter last three digits) 933-0	366
4. Date Incorporated or Organized:	March 5, 1997
5. Date Licensed as a HCSP:	August 14, 1999
6. Date Federally Qualified as a HCSP:	N/A
7. Date Commenced Operation:	December 1, 1999
8. Mailing Address:	200 N. Robertson, Suite #101, Beverly Hills, CA 90211
9. Address of Main Administrative Office:	Same as above
10. Telephone Number:	Thomas M. Priselac
11. HCSP's ID Number:	
12. Principal Location of Books and Records:	Edward M. Prunchunas
13. Plan Contact Person and Phone Number:	Thomas D. Gordon
14. Financial Reporting Contact Person and Phone Number:	
15. President:*	
16. Secretary:*	
17. Chief Financial Officer:*	
18. Other Officers:*	
19.	
20.	
21.	
22. Directors:*	
23.	
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The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	Thomas M. Priselac <i>signature required (please type for valid signature)</i>
33. Secretary	<i>signature required (please type for valid signature)</i>
34. Chief Financial Officer	Thomas D. Gordon <i>signature required (please type for valid signature)</i>
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here and complete question 4 on Page 2:	<input type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	No 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 10-31-2003 OF 933-0366 Cedars-Sinai Provider Plan, LLC

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	225,519
2. Short-Term Investments	1,771,868
3. Premiums Receivable - Net	0
4. Interest Receivable	0
5. Shared Risk Receivables - Net	0
6. Other Health Care Receivables - Net	0
7. Prepaid Expenses	0
8. Secured Affiliate Receivables - Current	0
9. Unsecured Affiliate Receivables - Current	0
10. Aggregate Write-Ins for Current Assets	0
11. TOTAL CURRENT ASSETS (Items 1 to 10)	1,997,387
OTHER ASSETS:	
12. Restricted Assets	0
13. Long-Term Investments	2,306,800
14. Intangible Assets and Goodwill - Net	0
15. Secured Affiliate Receivables - Long-Term	0
16. Unsecured Affiliate Receivables - Past Due	0
17. Aggregate Write-Ins for Other Assets	0
18. TOTAL OTHER ASSETS (Items 12 to 18)	2,306,800
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	0
20. Furniture and Equipment - Net	0
21. Computer Equipment - Net	0
22. Leasehold Improvements -Net	0
23. Construction in Progress	0
24. Software Development Costs	0
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	0
27. TOTAL ASSETS	4,304,187
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	0
1002.	0
1003.	0
1004.	0
1098. Summary of remaining write-ins for Item 10 from overflow page	0
1099. TOTALS (Items 1001 thru 1004 plus 1098)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701.	0
1702.	0
1703.	0
1704.	0
1798. Summary of remaining write-ins for Item 17 from overflow page	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	0
2502.	0
2503.	0
2504.	0
2598. Summary of remaining write-ins for Item 25 from overflow page	0
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 10-31-2003 OF 933-0366 Cedars-Sinai Provider Plan, LLC

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	0	XXX	0
2. Capitation Payable	0	XXX	0
3. Claims Payable (Reported)	0	0	0
4. Incurred But Not Reported Claims	0	0	0
5. POS Claims Payable (Reported)	0	0	0
6. POS Incurred But Not Reported Claims	0	0	0
7. Other Medical Liability	0	0	0
8. Unearned Premiums	0	XXX	0
9. Loans and Notes Payable	0	XXX	0
10. Amounts Due To Affiliates - Current	0	XXX	0
11. Aggregate Write-Ins for Current Liabilities	0	0	0
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	0	0	0
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)	0	XXX	0
14. Loans and Notes Payable (Subordinated)	0	XXX	0
15. Accrued Subordinated Interest Payable	0	XXX	0
16. Amounts Due To Affiliates - Long Term	20,888	XXX	20,888
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	20,888	XXX	20,888
19. TOTAL LIABILITIES	20,888	0	20,888
NET WORTH			
20. Common Stock	XXX	XXX	0
21. Preferred Stock	XXX	XXX	0
22. Paid In Surplus	XXX	XXX	0
23. Contributed Capital	XXX	XXX	3,950,771
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	202,908
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	129,620
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	4,283,299
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	4,304,187
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1104.	0	0	0
1198. Summary of remaining write-ins for Item 11 from overflow page	0	0	0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	0	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.	0	XXX	0
1702.	0	XXX	0
1703.	0	XXX	0
1704.	0	XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page	0	XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Comprehensive Income	XXX	XXX	129,620
2502.	XXX	XXX	0
2503.	XXX	XXX	0
2504.	XXX	XXX	0
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	0
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	129,620

STATEMENT AS OF 10-31-2003 OF 933-0366 Cedars-Sinai Provider Plan, LLC

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	0	0
2. Capitation	0	0
3. Co-payments, COB, Subrogation	0	0
4. Title XVIII - Medicare	0	0
5. Title XIX - Medicaid	0	0
6. Fee-For-Service	0	0
7. Point-Of-Service (POS)	0	0
8. Interest	12,430	48,565
9. Risk Pool Revenue	0	0
10. Aggregate Write-Ins for Other Revenues	24,783	89,934
11. TOTAL REVENUE (Items 1 to 10)	37,213	138,499
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated	0	0
13. Inpatient Services - Per Diem	0	0
14. Inpatient Services - Fee-For-Service/Case Rate	0	0
15. Primary Professional Services - Capitated	24,783	89,934
16. Primary Professional Services - Non-Capitated	0	0
17. Other Medical Professional Services - Capitated	0	0
18. Other Medical Professional Services - Non-Capitated	0	0
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	0	0
20. POS Out-Of-Network Expense	0	0
21. Pharmacy Expense - Capitated	0	0
22. Pharmacy Expense - Fee-for-Service	0	0
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	0	0
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	24,783	89,934
Administration		
25. Compensation	0	0
26. Interest Expense	0	0
27. Occupancy, Depreciation and Amortization	0	0
28. Management Fees	0	0
29. Marketing	0	0
30. Affiliate Administration Services	0	0
31. Aggregate Write-Ins for Other Administration	536	7,200
32. TOTAL ADMINISTRATION (Items 25 to 31)	536	7,200
33. TOTAL EXPENSES	25,319	97,134
34. INCOME (LOSS)	11,894	41,365
35. Extraordinary Item	0	0
36. Provision for Taxes	0	0
37. NET INCOME (LOSS)	11,894	41,365
NET WORTH:		
38. Net Worth Beginning of Period	4,302,655	4,305,684
39. Audit Adjustments	0	0
40. Increase (Decrease) in Common Stock	0	0
41. Increase (Decrease) in Preferred Stock	0	0
42. Increase (Decrease) in Paid in Surplus	0	0
43. Increase (Decrease) in Contributed Capital	0	0
44. Increase (Decrease) in Retained Earnings:	0	0
45. Net Income (Loss)	11,894	41,365
46. Dividends to Stockholders	0	0
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	-31,250	-63,750
49. NET WORTH END OF PERIOD (Items 38 to 48)	4,283,299	4,283,299

STATEMENT AS OF 10-31-2003 OF 933-0366 Cedars-Sinai Provider Plan, LLC

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Other Income	24,783	89,934
1002.	0	0
1003.	0	0
1004.	0	0
1005.	0	0
1006.	0	0
1098. Summary of remaining write-ins for Item 10 from overflow page	0	0
1099. TOTALS (Items 1001 thru 1006 plus 1098)	24,783	89,934
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.	0	0
2302.	0	0
2303.	0	0
2304.	0	0
2305.	0	0
2306.	0	0
2398. Summary of remaining write-ins for Item 23 from overflow page	0	0
2399. TOTALS (Items 2301 thru 2306 plus 2398)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Assessments Fees	0	4,855
3102. Custodial Fees	536	645
3103. Franchise Tax Board	0	1,700
3104.	0	0
3105.	0	0
3106.	0	0
3198. Summary of remaining write-ins for Item 31 from overflow page	0	0
3199. TOTALS (Items 3101 thru 3106 plus 3198)	536	7,200
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.	0	0
4702.	0	0
4703.	0	0
4704.	0	0
4705.	0	0
4706.	0	0
4798. Summary of remaining write-ins for Item 47 from overflow page	0	0
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801. Change in Market Value of Investment	-31,250	-63,750
4802.	0	0
4803.	0	0
4804.	0	0
4805.	0	0
4806.	0	0
4898. Summary of remaining write-ins for Item 48 from overflow page	0	0
4899. TOTALS (Items 4801 thru 4806 plus 4898)	-31,250	-63,750

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	0	0
2. Fee-For-Service	0	0
3. Title XVIII - Medicare Premiums	0	0
4. Title XIX - Medicaid Premiums	0	0
5. Investment and Other Revenues	37,213	138,499
6. Co-Payments, COB and Subrogation	0	0
7. Medical and Hospital Expenses	-24,783	-89,934
8. Administration Expenses	0	0
9. Federal Income Taxes Paid	0	0
10. Interest Paid	0	0
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	12,430	48,565
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets	0	0
13. Proceeds from Investments	0	0
14. Proceeds for Sales of Property, Plant and Equipment	0	0
15. Payments for Restricted Cash and Other Assets	0	0
16. Payments for Investments	-12,430	-48,565
17. Payments for Property, Plant and Equipment	0	0
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-12,430	-48,565
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock	0	0
20. Loan Proceeds from Non-Affiliates	0	0
21. Loan Proceeds from Affiliates	0	0
22. Principal Payments on Loans from Non-Affiliates	0	0
23. Principal Payments on Loans from Affiliates	0	0
24. Dividends Paid	0	0
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	0
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	0	0
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	225,519	225,519
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	225,519	225,519
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	11,894	41,365
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	0	0
32. Decrease (Increase) in Receivables	0	0
33. Decrease (Increase) in Prepaid Expenses	0	0
34. Decrease (Increase) in Affiliate Receivables	536	7,200
35. Increase (Decrease) in Accounts Payable	0	0
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	0	0
37. Increase (Decrease) in Unearned Premium	0	0
38. Aggregate Write-Ins for Adjustments to Net Income	0	0
39. TOTAL ADJUSTMENTS (Items 31 through 38)	536	7,200
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	12,430	48,565
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Item 25 from overflow page	0	0
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801.	0	0
3802.	0	0
3803.	0	0
3898. Summary of remaining write-ins for Item 38 from overflow page	0	0
3899. TOTALS (Items 3801 thru 3803 plus 3898)	0	0

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	0	0	0	0	0	0	0	0	0		0.00
2. Medicare Risk	0	0	0	0	0	0	0	0	0		0.00
3. Medi-Cal Risk	0	0	0	0	0	0	0	0	0		0.00
4. Individual	0	0	0	0	0	0	0	0	0		0.00
5. Point of Service	0	0	0	0	0	0	0	0	0		0.00
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	0	0	0	0	0	0	0	0	0		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group	0	0	0	0	0	0	0	0	0		0.00
602. Healthy Families	0	0	0	0	0	0	0	0	0		0.00
603. AIM	0	0	0	0	0	0	0	0	0		0.00
604. Medicare Cost	0	0	0	0	0	0	0	0	0		0.00
605. ASO	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
606. PPO	0	0	0	0	0	0	0	0	0		0.00
607.	0	0	0	0	0	0	0	0	0		0.00
608.	0	0	0	0	0	0	0	0	0		0.00
609.	0	0	0	0	0	0	0	0	0		0.00
610.	0	0	0	0	0	0	0	0	0		0.00
611.	0	0	0	0	0	0	0	0	0		0.00
612.	0	0	0	0	0	0	0	0	0		0.00
Summary of remaining write-ins for											
698. Item 6 from overflow page	0	0	0	0	0	0	0	0	0		0.00
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		0.00

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NOTES TO FINANCIAL STATEMENTS	
1.	Organization
2.	Cedars-Sinai Provider Plan, LLC is a member-managed limited liability company (the Company). The
3.	maintenance organization registered under the Knox-Keene Care Service Plan Act,
4.	as amended, and is licensed by the Department of Managed Health Care (the DMHC). The DMHC requires
5.	the Company to maintain a minimum tangible net equity of approximately \$1,000,000, a surety bond and a
6.	blanket fidelity bond. The Company was in compliance with the DMHC's requirements at October 31, 2003.
7.	
8.	The Company is owed by Cedars-Sinai Medical Center (CSMC) and Cedars-Sinai Medical Care
9.	Foundation (Foundation). CSMC and the Foundation have 66.67% and 33.33% interest in the
10.	Company, respectively. The Company was capitalized by CSMC and the Foundation on March 14, 1997.
11.	
12.	Effective December 1, 1997, the Company entered into professional services agreements (PSAs) with CSMC,
13.	the Foundation and Cedars-Sinai Health Associates (CSHA). Under the PSAs, CSMC, the Foundation, and
14.	CSHA provide all professional medical and health care services to covered members.
15.	
16.	The Company also entered into an administrative agreement, effective October 1, 1997, with CSMC. Under
17.	this administration agreement, the Company pays 1% of total premiums received to CSMC in exchange for
18.	CSMC performing certain administrative, consulting and other support services to the Company.
19.	
20.	Effective December 31, 1999, the Foundation assigned its rights under four managed care contracts with
21.	One Health Plan of California, Inc. (One Health) to the Company. These contracts assigned the
22.	Foundation's rights to premium revenue to the Company. The healthcare providers under the One Health
23.	contracts are Greater Valley Medical Group (GVMG), Greater Valley Physician Association (GVPA),
24.	Cedars-Sinai Medical Group (CSMG), and Cedars-Sinai Health Associates (CSHA). Based on the PSA
25.	between the Company and the Foundation, 95% of premium revenue related to GVMG, GVPA, CSMG, and CSHA
26.	is remitted to the Foundation by the Company. Effective April 1, 2001, the PSAs with GVMG and GVPA were
27.	terminated. As a result, no premium revenue related to GVMG and GVPA has been recognized by the Company
28.	subsequent to that date. There is no activity under the PSA between the Company and CSMC
29.	for the period ended October 31, 2003.
30.	
31.	Premium Revenue
32.	The Company has agreements with various Health Maintenance Organizations (HMOs) to provide medical
33.	services to subscribing participants. Under these agreements, the Company receives fixed monthly payments
34.	based on the number of participants, regardless of services actually performed by the Company or other
35.	health care providers. The HMOs make additional payments to the Company for certain covered services
36.	based upon discounted fee schedules. These payments are recorded as premium revenue.
37.	
38.	Included in premium revenue are shared risk revenues related to capitated contracts with HMOs
39.	that include provisions to share in the risk for hospitalization and other outside provider health care
40.	services. The Company can earn additional revenue or incur penalties based upon the utilization of
41.	hospital and other outside provider health care services compared to budgeted costs.
42.	
43.	Marketable Securities
44.	All marketable securities (which include mutual funds and U.S. Treasury securities) are designated as
45.	available for sale. Accordingly, marketable securities are carried at fair value, as
46.	determined based on quoted prices in active markets, and unrealized gains or losses, net of
47.	applicable income taxes, are recorded in member's capital. Realized gains and losses are included in
48.	investments income under the specific-identification methods. Because marketable securities are
49.	available for use in current operations, they are classified as current assets without regard to the
50.	securities' contractual maturity dates.
51.	
52.	Use of Estimates
53.	The preparation of financial statements in conformity with accounting principles generally accepted in
54.	the United States required management to make estimates and assumptions that affect the reported
55.	amounts of assets and liabilities and disclosures of contingent assets and liabilities
56.	at the date of the financials statements and the reported amounts of revenues and expenses
57.	during the reporting period. Actual results could differ from these estimates.
58.	
59.	

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OVERFLOW PAGE FOR WRITE-INS

1. NOTES

2. **Income Taxes**

3. The Company is limited liability company. For federal and state income tax purposes, it is treated
4. as a partnership. All taxable earnings of the Company are taxed to the individual shareholders.
5. However, as an LLC, the Company is subject to a yearly minimum tax of \$800 imposed by the State of
6. California Franchise Tax Board.

7.

8. **Subsequent Event**

9. Management of the Company has requested an approval from the DMHC to place the license on inactive
10. status for a period of one year. During this one-year period, management will evaluate the future
11. viability of the licensed entity.

12.

13. **Effective November 2002, the Plan was put on inactive status.**

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STATEMENT AS OF 10-31-2003 OF 933-0366 Cedars-Sinai Provider Plan, LLC

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1			2
1.	Net Equity		\$		4,283,299
2.	Add: Subordinated Debt		\$		0
3.	Less: Receivables from officers, directors, and affiliates		\$		0
4.	Intangibles		\$		0
5.	Tangible Net Equity (TNE)		\$		4,283,299
6.	Required Tangible Net Equity (See Below)		\$		0
7.	TNE Excess (Deficiency)		\$		4,283,299
		Full Service Plans			Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$	50,000
B. REVENUES:					
8.	2% of the first \$150 million of annualized premium revenues	\$ 0	2% of the first \$7.5 million of annualized premium revenue	\$	0
	Plus		Plus		
9.	1% of annualized premium revenues in excess of \$150 million	\$ 0	1% of annualized premium revenue in excess of \$7.5 million	\$	0
10.	Total	\$ 0	Total	\$	0
C. HEALTHCARE EXPENDITURES:					
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 23,792	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	0
	Plus		Plus		
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$ 0	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$	0
	Plus		Plus		
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 0	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	0
14.	Total	\$ 23,792	Total	\$	0
15.	Required "TNE" - Greater of "A" "B" or "C" \$	1,000,000	Required "TNE" - Greater of "A" "B" or "C" \$		50,000

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 4,283,299
2. Add: Subordinated Debt	\$ 0
3. Less: Receivables from officers, directors, and affiliates	\$ 0
4. Intangibles	\$ 0
5. Tangible Net Equity (TNE)	\$ 4,283,299
6. Required Tangible Net Equity (From Line 18 below)	\$ 1,000,000
7. TNE Excess (Deficiency)	\$ 3,283,299
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$ 1,000,000
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$ 0
10. Add lines 8 and 9	\$ 1,000,000
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):	
<u>PART A</u>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$ -
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$ -
13. Add lines 11 and 12	\$ 0

STATEMENT AS OF 10-31-2003 OF 933-0366 Cedars-Sinai Provider Plan, LLC

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ 24,783	\$ 0
Less:		
2. Capitated or managed hospital payment basis expenditures	0	0
3. Health care expenditures for out-of-network services for point-of-service enrollees	0	0
4. Result	24,783	0
5. Annualized	297,396	0
6. Reduce to maximum of \$150 million	297,396	0
7. Multiply by 8%	\$ 23,792	\$ 0
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ 0	\$ 0
9. Line 8 less \$150 million	0	0
10. Multiply by 4%	\$ 0	\$ 0
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ 0	\$ 0
12. Multiply by 4%	\$ 0	\$ 0
13. Total	\$ 23,792	\$ 0

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